FT0/SB/22 (BH-46)

Approved for use through 01/S1/2007 (MH 6055-9031

U.S. Patient and Transferment Officer U.S. DEPARTMENT OF COMMENTED

Under the Payoround, Reduction Act of 1990, no persons are unquired to expend to a coffection of information unless 8 displays a vigiled CMSI control or unless.

| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)  |                     |              | Docket Number (Optional)           |               |   |
|---|---------------------|--------------|------------------------------------|---------------|---|
| FY 2006 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)   |                     |              | 017                                | 1-1016P       |   |
| Application Number 10/666,252-Conf. #009516   |                     |              | Filed September 22, 2003           |               |   |
| For LIQUID ORGANOMETALLIC COMPOUND VAPORIZING/FEEDING SYSTEM  |                     |              |                                    |               |   |
| Art Unit 1743   |                     |              | Examiner                           | P. S. H. Hyun |   |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filling a reply in the above identified application.   |                     |              |                                    |               |   |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):   |                     |              |                                    |               |   |
| One month (3)   | CFR 1.17(a)(1))     | Fee<br>\$120 | Small Entity Fee<br>\$60           | \$            |   |
| X Two months (3   | 7 CFR 1.17(a)(2))   | \$450        | \$225                              | \$ 460.0      | D |
| Three months  | (37 CFR 1.17(a)(3)) | \$1020       | \$510                              | \$            |   |
| Four months (37 CFR 1.17(a)(4))   |                     | \$1590       | \$795                              | \$            |   |
| Five months (3  | 7 CFR 1.17(a)(5))   | \$2160       | \$1080                             | s             |   |
| A check in the emount of the fee is enclosed.  Psyment by credit card. Form PTO-2035 is attached.  The Director has already been authorized to charge fees in this application to a Deposit Account.  The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 02-2448. I have enclosed a duplicate copy of this sheet. |                     |              |                                    |               |   |
| applicant/inventor.  assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SBI/96).  attorney or agent of record. Registration Number 25,977  attorney or agent under 37 CFR 1 34.  |                     |              |                                    |               |   |
| Registration number if acting under 37 CFR 1.34   |                     |              |                                    |               |   |
| Signature   |                     |              | April 9, 2007<br>Date              |               |   |
| Geraid M/Murphy, Jr.  Typed or printed name   |                     |              | (703) 205-8000<br>Telephone Number |               |   |
| NOTE Signatures of all the invarious or assignates of record of the notes internet or their depresentative(s) are required. Submit inulique forms of more than one signature is required, see below.  |                     |              |                                    |               |   |
| Total of 1 forms are submitted.   |                     |              |                                    |               |   |